

HISTORY FACILITY PROFILE

FOUR CORNERS REGIONAL CARE CTR PROVIDER #: 465057 FACILITY BEDS TYPE ACTION: RECERTIFICATION
 818 NORTH 400 WEST PHONE NUMBER: (435) 678-2251 TOTAL: 104
 BLANDING UT 84511 PARTICIPATION DATE: 05/17/1977 CERTIFIED: 104 TYPE OWNERSHIP: FOR PROFIT - CORPORATION
 STATE'S REGION CODE: 001

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS BASED ON AN ACCEPTABLE PLAN OF CORRECTION

RESIDENT CENSUS ON 09/13/2001		LTC ADMISSION/SUSPENSION DATES		TOTAL CERTIFIED BEDS: 104	
-----		-----		-----	
TOTAL:	74	ADMISSION SUSPENDED:	18	18/19	19 ICF/MR
MEDICARE:	5	SUSPENSION RESCINDED:	--	----	-----
MEDICAID:	63			104	
OTHER:	6				

CURRENT SURVEY REVISIT DATES - 12/11/2001

PRIOR 3 SURVEY 04/1998	S/S CODE	PRIOR 2 SURVEY 04/1999	S/S CODE	PRIOR 1 SURVEY 06/2000	S/S CODE	CURRENT SURVEY 09/13/2001	S/S CODE	PLAN/DATE OF CORRECT	PROGRAM REQUIREMENTS
		X	E			X C	D	10/31/2001	REQ F0225-NOT EMPLOY PERSONS GUILTY OF ABUSE
						X C	D	10/31/2001	REQ F0241-DIGNITY
						X C	D	10/31/2001	REQ F0278-ACCURACY OF ASSESSMENTS/COORD W/PROFESSIONALS
						X C	D	10/31/2001	REQ F0279-DEVELOP COMPREHENSIVE CARE PLANS
X	D					X C	E	10/31/2001	REQ F0309-PROVIDE NECESS CARE FOR HIGHEST PRAC WELL BEING
						X C	E	10/31/2001	REQ F0322-PROPER CARE & SERVICES FOR RES W/ NG TUBE
X	D			X	E				REQ F0371-STORE/PREPARE/DISTRIB FOOD UNDER SANITARY CONDS
X	E								REQ F0465-ENVIRONMENT IS SAFE/FUNCTIONAL/SANITARY/COMFORTAB
						X C	E	10/31/2001	REQ F0496-NURSE AIDE REGISTRY VERIF/MULTISTATE REG VERIF
						X C	E	10/31/2001	REQ F0502-FACIL PROVIDES/OBTAINS LAB SERVICES

EDITION OF LSC APPLIED

PRIOR 3 SURVEY 04/1998	PRIOR 2 SURVEY 04/1999	PRIOR 1 SURVEY 04/2000	CURRENT SURVEY 09/26/2001	PLAN/DATE OF CORRECTION	LSC DEFICIENCIES - BLDG NO. 01
	X		X C	10/31/2001	K0018-CORRIDOR DOORS
	X				K0029-HAZARDOUS AREAS - SEPARATION
		X			K0038-EXIT ACCESS
X		X	X P	10/15/2001	K0054-SMOKE DETECTOR MAINTENANCE
X	X	X	X N		K0056-AUTOMATIC SPRINKLER SYSTEM
		X	X N		K0104-PENETRATIONS OF SMOKE BARRIERS
		X	X C	10/31/2001	K0130-OTHER

TYPE OF DEFICIENCY	CURRENT SURVEY	PRIOR 1 SURVEY	PRIOR 2 SURVEY	PRIOR 3 SURVEY
-----	-----	-----	-----	-----
CONDITION	0	0	0	0
REQUIREMENT	6	1	1	3
HEALTH TOTAL	6	1	1	3
LIFE SAFETY CODE	5	4	3	2
LIFE SAFETY CODE + HEALTH	11	5	4	5

COMPLAINT SURVEY INFORMATION

SURVEY DATE	STATUS
-----	-----
04/01/1997	UNSUBSTANTIATED
06/13/2000	UNSUBSTANTIATED
09/13/2001	SUBSTANTIATED
10/30/2002	UNSUBSTANTIATED

FMS SURVEY INFORMATION

* NO FMS SURVEYS FOR THIS FACILITY

C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED F=FSSES X=DEFICIENT
 COP = CONDITION REQ = REQUIREMENT